

PART-TIME LECTURER 50% TUITION REMISSION APPLICATION¹

Return the completed form to oa1r@oq.rutgers.edu

Section A – Employee Information

Name:	Employee ID Number:
Email Address:	RU ID Number:
	Daytime Phone Number:

Section B – Eligibility

The following conditions govern eligibility for 50% tuition remission for Part-Time Lecturers (PTLs):

1. The PTL shall have taught two semesters within two consecutive academic years at Rutgers **and** a minimum of twelve (12) credits or 12 course hours;
2. PALS PTLs shall have taught at least two semesters within two consecutive academic years at Rutgers **and** a minimum of twelve (12) course hours;
3. If a PTL teaches a minimum of three (3) credits—or three (3) course hours in the case of PALS PTLs—in a semester, he or she may be eligible to take no more than three (3) credits in that semester or the subsequent semester;
4. The PTL must be admitted to one of the undergraduate, graduate, or professional divisions of the university (matriculated or non-matriculated);
5. The PTL must be appointed as a Rutgers PTL as of the first day of class for the semester in which he or she is taking the course(s);
6. The PTL must meet all policies and requirements of the program offering the class for the semester in which he or she is taking the course(s)

Please list all PTL appointments you have held at Rutgers within the past **two consecutive academic years**, including any current PTL appointments. *If necessary, please attach a listing of additional PTL appointments.*

Semester	Department	Course Name	Course Number	Credits / Course Hours

Section C – Employee Certification

I, _____, am requesting no more than **3 credit hours** of 50% tuition remission for the _____ Fall _____ Spring term 20_____.

Name of course at 50% tuition remission _____
Course Name Course Number Credits

I have read and understand the 50% Tuition Remission program for Part-Time Lecturers. I certify that the above information is accurate. Should my status change, I agree to immediately notify Student Accounting Services. I understand and agree that I will be personally responsible for reimbursing the University for the amount of tuition which was remitted in reliance on these representations if ineligible for such under University rules. I also understand I am responsible to pay all fees associated with the course aside from 50% tuition.

Employee Signature _____ Date

Section D – Department Authorization

I verify that the above named employee **will be a Part-Time Lecturer** during Fall Spring term(s) 20_____ and has met eligibility to receive 50% tuition remission. I certify that the course the PTL proposes to take at 50% tuition remission is related to the subject matter of courses the PTL has taught or will teach.

Department Head/Dean – Print Name _____ Departmental Account Number

Department Head/Dean – Signature _____ Date

Section E – Office of University Labor Relations Use Only

Semester TR Earned	Semester TR Used

Approve Deny By _____ Date _____

¹ Fully online degree programs are not eligible for any tuition remission benefits. Legacy UMDNJ courses/programs are not eligible for any tuition remission benefits.